

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
CM 1-8-09
2009 JAN 13 PM 12:51

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

MARK MONSON

Political Party (if applicable)

DEMOCRATIC

Office Sought

BOARD OF SUPERVISORS

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Judy M. Monson TREAS.
SIGNATURE OF PERSON FILING REPORT

712-943-5285
TELEPHONE

1-6-09
DATE SIGNED

I AM FILING A JANUARY 19,2009 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

NOVEMBER 4, 2008

County & Local Committees, enter County in
which Election is held
WOODBURY

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1,427.90

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,316.55

2124.62

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3,744.45

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3,744.45

Schedule F: Loan Repayments total (Attach Schedule F)

605.72

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

191.93

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-17-08	ID# CK#	CASH	NONE	\$35.00	<input checked="" type="checkbox"/>
10-17-08	ID# CK#	DOUG & LEEANN YOUNG 200 PRAIRIE LANE SGT. BLUFF, IA 51054	NONE	25.00	<input checked="" type="checkbox"/>
10-17-08	ID# CK#	JEANNINE GAUL 2082 ROUNDTABLE RD. SGT. BLUFF, IA 51054	NONE	20.00	<input checked="" type="checkbox"/>
10-17-08	ID# CK#	C. A. WULF-MCGRATH P.O. BOX 637 SGT. BLUFF, IA 51054	NONE	30.00	<input checked="" type="checkbox"/>
10-11-08	ID# CK#	ROGER & ANITA WENDT 2313 SENECA WAY SIOUX CITY, IA 51104	NONE	50.00	<input checked="" type="checkbox"/>
10-7-08	ID# CK#	CAROLE DWYER 610 TOPAZ DRIVE SGT. BLUFF, IA 51054	NONE	25.00	<input type="checkbox"/>
10-8-08	ID# CK#	ROY & DIANA SEMON 1424 - 210TH STREET SGT. BLUFF, IA 51054	NONE	25.00	<input type="checkbox"/>
10-8-08	ID# CK#	LEO & BEVERLY YOCHUM 1691 - 250TH STREET SGT. BLUFF, IA 51054	NONE	50.00	<input type="checkbox"/>
10-1-08	ID# CK#	GLENN & LILLIE PARRETT 6805 CORRECTIONVILLE RD. SIOUX CITY, IA 51106	NONE	371.36	<input type="checkbox"/>
10-6-08	ID# CK#	JACLYN & DENNIS SMITH 2324 MOHAWK CT. SIOUX CITY, IA 51104	NONE	371.36	<input type="checkbox"/>

SUB-TOTAL

\$ 1002.72

TOTAL (if last page of this schedule)

\$

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Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

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10-11-08	ID# CK#	MICHELLE VENABLE RIDLEY 3420 GARRESTON SIOUX CITY, IA 51106	NONE	\$50.00	<input checked="" type="checkbox"/>
10-11-08	ID# CK#	WAYNE & LEIGH STARR 608 TOPAZ DR. SGT. BLUFF, IA 51054	NONE	50.00	<input checked="" type="checkbox"/>
10-11-08	ID# CK#	MAURICE & GLORIA WELTE 2014 ROUNDTABLE RD. SGT. BLUFF, IA 51054	NONE	25.00	<input type="checkbox"/>
10-11-08	ID# CK#	JACLYN SMITH 2324 MOHAWK CT. SIOUX CITY, IA 51104	NONE	40.00	<input checked="" type="checkbox"/>
10-11-08	ID# CK#	PAT & GERALD RUBE 210 FRONTIER ST. SGT. BLUFF, IA 51054	NONE	10.00	<input checked="" type="checkbox"/>
10-11-08	ID# CK#	JAY & JOANNA MORRISON 7-6 COFFIE FARM ROAD SGT. BLUFF, IA 51054	NONE	25.00	<input checked="" type="checkbox"/>
10-9-08	ID# CK#	BRUCE MORRISON 2075 GLEN ELLEN RD. SGT. BLUFF, IA 51054	NONE	25.00	<input type="checkbox"/>
10-10-08	ID# CK#	GLADYS ELLERY 205 PRAIRIE LANE SGT. BLUFF, IA 51054	NONE	20.00	<input type="checkbox"/>
10-10-08	ID# CK#	LINDA ORAER 2430 W. SOLWAY SIOUX CITY, IA 51104	NONE	100.00	<input checked="" type="checkbox"/>
10-16-08	ID# CK#	TOM KINGSBURY 715 W. 7TH STREET SIOUX CITY, IA 51103	NONE	250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 595

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

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10-12-08	ID# CK#	DANIEL & SALLY HARTLEY 154 NIMROD ST. SALIX, IA 51052	NONE	\$20.00	<input type="checkbox"/>
10-14-08	ID# CK#	RAYMOND & KAREN HORNER BOX 514 SGT. BLUFF, IA 51054	NONE	25.00	<input type="checkbox"/>
10-20-08	ID# CK#	NORTHWEST IOWA LABOR COUNCIL 3038 S. LAKEPORT SUITE 100 SIOUX CITY, IA 51106	NONE	150.00	<input type="checkbox"/>
10-20-08	ID# CK#	BRAD KOLLARS 4375 FAR HILLS RD. SIOUX CITY, IA 51104	NONE	50.00	<input type="checkbox"/>
10-20-08	ID# CK#	DAVE SOMSKY 4518 - 4TH AVE/ SIOUX CITY, IA 51106	NONE	25.00	<input type="checkbox"/>
10-19-08	ID# CK#	HAROLD & MARY DROTZMANN 2206 HIGHWAY 75 SGT. BLUFF, IA 51054	NONE	25.00	<input type="checkbox"/>
10-20-08	ID# CK#	CASH	NONE	30.00	<input type="checkbox"/>
10-18-08	ID# CK#	ALLAN & KATHLEEN HUSE 2013 ROUNDTABLE RD. SGT. BLUFF, IA 51054	NONE	25.00	<input type="checkbox"/>
10-18-08	ID# CK#	SHERRY & VINCE MCGILL 119 GOLDEN DR. SGT. BLUFF, IA 51054	NONE	10.00	<input type="checkbox"/>
10-23-08	ID# CK#	AL STURGEON 507 INSURANCE EXCHANGE CENTRE SIOUX CITY, IA 51101	NONE	100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 460.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-11-08	ID# CK#	RICK AADLAND 934 WILLOW DR. DAKOTA DUNES, SD 57069	NONE	\$50.00	<input type="checkbox"/>
11-13-08	ID# CK#	CARLOS VENERABLE-RIDLEY 3420 GARRESTON SIOUX CITY, IA 51106	NONE	16.90	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 66.90

TOTAL (if last page of this schedule)

\$ 2124.62

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15-08	ID# CK#	POWELL BROADCASTING 200 INDIAN HILLS DR. SIOUX CITY, IA 51104	RADIO ADVERTISING	\$ 1,582.70
10-17-08	ID# CK#	CABLEONE 1119 4TH STREET SIOUX CITY, IA 51101	TV ADVERTISING	1,422.00
10-14-08	ID# CK#	US POST OFFICE SALIX, IA 51052	POSTAGE	42.00
11-17-08	ID# CK#	BRAUNGER'S 1436 HAMILTON BLVD SIOUX CITY, IA 51103	MEAT FOR THANK YOU PARTY	69.07
10-17-08	ID# CK#	SARA LEE BAKERY 1500 HIGHWAY 75 SIOUX CITY, IA 51104	BUNS FOR THANK YOU PARTY	22.96
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 3,138.73

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-16-08	MARK MONSON 300 3RD STREET SGT. BLUFF, IA 51054	SELF	POSTAGE, SIGN MATERIALS	\$ 191.93	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	191.93

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

RESET**COMMITTEE NAME**(Must be same as on Statement of Organization)

MARK MONSON FOR SUPERVISOR

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 605.72**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$ 0

TOTAL (PART I) \$ _____**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
1-6-09	MARK MONSON 300 3RD STREET SGT. BLUFF, IA 51054	CANDIDATE	\$ 413.79

TOTAL CASH REPAYMENTS (PART II) \$ 413.79

From Schedule E - TOTAL LOANS FORGIVEN \$ 191.93

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 605.72

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